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PTO/SB/56 (12-97)

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JC843 U.S. PTO

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 15031.340				
Claims as Filed - Part 1										
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity				
				Rate	Fee	Rate	Fee			
(A) 37	Total Claims (37 CFR 1.16(j))	(B) 46	**** 9 =	x \$	=	or	x \$ 22 = 198.00			
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$	=		x \$ = 0.00			
Basic Fee (37 CFR 1.16(h))					\$		\$ 790.00			
Total Filing Fee					\$	OR	\$ 988.00			
Claims as Amended - Part 2										
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity			
					Rate	Fee	Rate	Fee		
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$	=	or	x \$	=
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	=	x \$	=		x \$	=
Total Additional Fee					\$	OR	\$			
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).										
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-1240</u> . A duplicate copy of this sheet is enclosed.										
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Date Signature of Applicant, Attorney or Agent of Record

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Docket Number (Optional)

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Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

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*** After any cancellation of claims

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